Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

## Hunder the Par duction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/053,209 **Application Number** TRANSMITTA January 16, 2002 Filing Date For FY 2005 Daniel M. Humes First Named Inventor T. Mai **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 3727 Art Unit **TOTAL AMOUNT OF PAYMENT** (\$) 60.00 Attorney Docket No. **YAK 345** METHOD OF PAYMENT (check all that apply) X | Check | Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 11-1540 Deposit Account Name: Kolisch Hartwell, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) X Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **Small Entity** Small Entity Small Entity **Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 100 250 Design 200 100 100 130 50 65 Plant 200 100 300 150 160 80 Reissue 300 500 600 150 250 300 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 180 360 **Total Claims Extra Claims Multiple Dependent Claims** Fee (\$) Fee Pald (\$) - 20 or HP = Fee Pald (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20 Fee Pald (\$) <u>Indep. Claims</u> **Extra Claims** Fee (\$)

HP = highest number of independent claims paid for, if greater than 3	
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	for small entity)
Total Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)    - 100 =   /50 =   (round up to a whole number)   x   =	Fee Paid (\$)
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)	Fees Pald (\$)
Other: 1 month extension fee	\$60.00

SUBMITTED BY				
Signature	Pin	02-41	Registration No. (Attorney/Agent) 33,557	Telephone (503) 224-6655
Name (Print/Type)	Pierre C	. Van Rysselberg	be	Date December 12, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DEC 15 2005 PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction Act of 1995, no persons are required to respond to collection of information unless it displays a valid OMB control number. **Application Number** 10/053,209 **TRANSMITTAL** Filing Date January 16, 2002 First Named Inventor **FORM** Daniel M. Humes Art Unit 3727 **Examiner Name** T. Mai (to be used for all correspondence after initial filing) Attorney Docket Number YAK 345

Total Nul	fumber of Pages in This Submission	1_						
ENCLOSURES (Check all that apply)								
X Fee	ee Transmittal Form		Drawing(s)			After Allowance Communication to TC		
X	Fee Attached		Licensing-related Papers	ı		Appeal Communication to Board of Appeals and Interferences		
Exp Info	After Final After Final Affidavits/declaration(s)  Attension of Time Request  Express Abandonment Request  After Final Affidavits/declaration(s)  Express Abandonment Request  After Final Aftidavits/declaration  Request  After Final  After	Rer	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocati Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on C	e Address	retu	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter Other Enclosure(s) (please Identify below):  urn receipt postcard		
	SIGNA	TURE	E OF APPLICANT, ATTO	ORNEY, C	OR AGI	ENT		
Firm Name	Kolisch Hartwell, P.C	7.V.C	1					
Signature	mille	RI	1					
	Printed name Pierre C. Van Rysselberghe							
Date	December 12, 2005			Reg. No.	33,55	.7		
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